RECORD OF CONGRESSIONAL TRANSCRIPT REVIEW						
1. TRANSCRIPT ACTION MONITOR				2. DATE RECEIVED FROM		
a. NAME (Last, First, Middle Initial) b. AGENCY		c. T	ELEPHONE (Incl. Area Code)	001100500 (100044400)		
3. TO: (In Turn)		4. [4. DATE ACTION MUST BE COMPLETED (YYYYMMDD)			
a.		a.	a.			
b		b.	ь.			
c. DIRECTOR, FREEDOM OF INFORMATION AND SECURITY REVIEW		c.	c.			
5. DESCRIPTION OF DOCUMENT 6. HEARING DATE AND COMMITTEE/SUBCOMMITTEE		D SUBJECT		7. PAGES		
COMMITTEL/COBCOMMITTEL				THRU		
				8. HEARING:		
				CLOSED	OPEN	
				9. CLASSIFICA	IION	
Directive 5400.4. To meet committee requirements and allow time for final review by the Directorate for Freedom of Information and Security Review, your action must be completed as indicated. Each element in the review process must give cooperative consideration to the time requirements of all elements in meeting due out dates. An advance copy of this DD Form has been sent to DFOISR. GUIDELINES I. SECURITY II. EDITORIAL						
i. SECORITY		II. EDI	IORIAL			
A. GENERAL. Review must be accomplished by officials competent to judge the security aspects of the subjects involved and to provide a consistent and defensible security position. B. MARKING 1. Use black lead pencil. 2. Inclose with brackets [] information to be deleted. 3. Make deletions as limited as possible, considering whether the total context may contain clues to the information deleted.		 A. GENERAL. Edit to correct inaccuracies. B. MARKING Use black lead pencil. Line through all words or figures for which substitute language or figures are entered. Do not use brackets. Print or write all entries legibly. Use standard proofreaders markings. Do not change statements by committee members. Note inaccuracies in the margin. 				
11. FORWARDING CERTIFICATE						
been bracketed. This action represents the considered judgment						
that the information so marked warrants the protection of security classification.						
a. SIGNATURE		b. OFFICE				